

Fiscal Intermediary Memorandum of Understanding

Participant directed Aged and Disabled (A&D) Waiver services are available through an agency that has been approved by the Department of Health and Welfare as a Fiscal Intermediary (FI) Agency. The Department of Health and Welfare offers the participant the opportunity to self-direct their approved personal care services. Participants that elect to self-direct their services must read and sign this agreement, or have a representative sign on their behalf and return it to the Bureau of Long Term Care.

Self-direction acknowledges the rights of individuals to take charge of and responsibility for their lives. To self-direct means that a participant, with or without the assistance of a representative:

- Is able and willing to make informed choices
- Has the capability to understand the consequences of their choices
- Is willing to take responsibility for their choices

Fiscal Intermediary Agency responsibilities

- Directly assures compliance with legal requirements related to employment of waiver service providers
- Offers supportive services to enable participants or families consumers to perform the required employer tasks themselves
- Bills the Medicaid program for services approved and authorized by the Department
- Collects participant Share of Cost
- Pays caregivers and other waiver service providers
- Performs all necessary withholding as required by state and federal labor and tax laws, rules and regulations
- Assure that caregivers providing services meet standards, and qualifications under the rule
- Maintain liability insurance coverage
- Conducts, at least annually, participant satisfaction or quality control reviews, that are available to the Department and the general public
- Obtains criminal background checks and health screens on new and existing employees record as required

Participant Responsibilities

- Take an active role in employing caregivers including: Interviewing, hiring, training and supervising the caregiver(s)
- Assist in developing a care plan based on the Assessment

- Train the caregiver on all aspects of the care plan
- Train a caregiver on how to complete Progress Notes. Progress Notes must include documentation of all services delivered or excluded, the date and time when services were delivered and signatures of the caregiver and participant
- Maintain copies of Progress Notes in the home
- Verify that each caregiver works the hours indicated on the Progress Notes
- Provide equal employment opportunities to all employees regardless of their race, creed, color, national origin, sex, disability, and marital status in all employment decisions, including but not limited to recruitment, hiring, terminations, and all other terms and conditions of employment
- Inform the Fiscal Intermediary Agency of any changes in status, including; the participant's medical condition, address, telephone number, hospitalization, and caregivers information
- Process the required paperwork, including caregiver timecards and employment documents
- Arrange and schedule backup caregiver coverage for vacations, holidays, and absence due to illness
- Ensure that caregivers meet the minimum qualifications established by the Department of Health and Welfare
- Accept full responsibility for any personal injury or loss of property that may result from the action or inaction of the caregiver
- Work with the FI Agency on all payroll or caregiver employment issues

Representative Responsibilities

A representative can assist a participant with self-direction provided they are able to demonstrate to the agency that they are willing and able to support the participant in fulfilling their responsibilities.

For a representative to complete their responsibilities, they must be able to provide impartial supervision and management of the services received by the participant. The Department of Health & Welfare will not allow a representative whenever a conflict of interest exists. A conflict of interest includes, but is not limited to, the following:

- A representative who is employed with the FI agency.
- A representative who employs a caregiver over whom they are able to exercise a significant fiscal/personal influence.
- A representative who refuses to comply with the policies and procedures of the Fiscal Intermediary Agency.

If the participant is not able to self-direct, the representative must:

- Maintain a presence with the participant. The amount of representative oversight will be determined by the care team: regional nurse reviewer, participant, FI agency, and representative. The amount of oversight time will be documented in the participant's care plan

- When the representative monitors the care plan, the representative must sign the Progress Notes

Roles and Responsibilities

DESCRIPTION OF TASK/ACTIVITY	PRIMARY RESPONSIBILITY			COMMENTS
	Participant	Agency	Shared	
1. Advertise for and recruit prospective caregivers				
2. Obtain applications from prospective caregivers				
3. Screen, determine qualifications, interview prospective caregivers				
4. Obtain criminal background check		X		
5. Check prospective caregivers' references				
6. Select the caregiver				
7. Hire caregiver as a legal employee		X		
8. Prepare paychecks, pay required taxes, unemployment insurance and other payroll duties required by federal and state, and local regulation		X		
9. Training on confidentiality and participant rights		X		
10. Complete the Service Plan in accordance with the UAI				
11. Orient and train caregiver on Aged & Disabled Waiver service activities			X	
12. Orient caregiver to the Service Plan and documentation requirements				
13. Supervise the caregiver in the day-to-day performance/duties/activities				
14. Dismiss the caregiver if necessary				
15. Arrange for alternate caregivers in case of illness, vacation, or other unexpected absences				
Please include below any additional tasks or activities that are mutually agreed upon by the participant and agency				
16.				

17.				
18.				

Please sign, date, and return this document to the Department of Health & Welfare at:

Medicaid - Bureau of Long Term Care
(Mailing Address)
(City, State and Zip Code)

I understand that failure to carry out the above responsibilities will be considered in determining the continued appropriateness to self-direct under the Aged and Disabled (A & D) waiver program.

Participant Information	
Name:	Date:
Participant Signature	
Address	City, State, Zip
Phone:	Alternate Phone:

Representative Information (if applicable)	
Name:	Date:
Signature	
Address:	City, State, Zip:
Phone:	Alternate Phone:

Agency Information	
Name of Agency:	Date:
Agency Signature	

Medicaid Nurse Reviewer Signature

Date